Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/25/2008	Address:	6834 CR-900 S.,
Case #:	<u>42-28731</u>		<u>Nabb, IN 47147</u>
County:	<u>Jefferson</u>	•	
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
Operation Chemics Dumpsi	al/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Open Air			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Open Air			
Corrosive Base: Open Air			
Other (item and location): Glasswear, Tubing			
Yes No	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/M	e Information e/Pseudoephedrine Tracking Log erchant Tip meerned Citizen
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Hanover Volunteer Fire Dept	Fax: (812) 265-3648 Fax: (812) 265-3822	
Health Department: <u>Jefferson County</u>		Fax: <u>(812)</u> Fax: <u>N/A</u>	203-3022
Child Protection Service: N/A			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trooper Franklin</u> Phone (812) 689-5000			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.